915106	(Column 1)	•	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENUMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	. 4	Minus	- 20	• /
Independent	• 3	Minus	- 3	-
FIRST PRESEN	ITATION OF M	ULTIPLE DEP	ENDENT CLAIM	

* If the entry in column 1 is less then the entry in column 2, write "O" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is tess than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Best Available Copy

ADDI-

TIONAL

FEE

RATE

X\$180

X78=

+260=

ADDIT. FEE

TOTAL

OR

OR

OR'

OR

ADDI-

TIONAL

FE

RATE

X\$ 9-

X39=

+130=

ADDIT, FEE